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INTELLIGENCE • INNOVATION • IMPACT

SEPTEMBER 2026

VOL. 15 | ISSUE 09

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NUTRIFY TODAY EDITORIAL TEAM

Credibility Will Decide India's Nutraceutical Future

India's nutraceutical opportunity deserves serious investment. It also deserves a more demanding conversation about what will make that investment productive. Across this issue of NutrEcon-omist, four discussions converge: the size of the market, the strength of product evidence, Ayurveda's scientific development and the commercial potential of BRICS cooperation. Together, they point to a central leadership challenge: building businesses whose growth assumptions and health promises can withstand scrutiny.

My assessment is that the next phase of growth will favour companies that connect scientific quality with commercial discipline. A credible dossier can support a differentiated proposition. Consistent manufacturing can protect it. Affordable products and reliable distribution can turn that proposition into repeat purchasing. Weakness in any part of this sequence can undermine the investment.

Start with the numbers. From an assumed \$10 billion market in 2026, reaching \$500 billion by 2047 requires approximately 20.5% annual growth in nominal US dollars for 21 years. Reaching \$100 billion requires approximately 11.6%. This issue's \$80 billion–\$120 billion planning range is therefore a more defensible working scenario under its stated assumptions. It remains conditional on sustained demand, purchasing power and execution.

Market definitions must stay consistent. Supplements, functional foods and beverages can produce substantially different market estimates. Ingredient revenue and finished-product retail sales must not be counted twice. Boards should establish the category, geography and valuation basis before using any headline figure to approve capacity or acquisitions. The market relevant to an individual company will usually be far smaller than the industry total. The same discipline applies to evidence.

FSSAI's advertising and claims framework already contains scientific substantiation requirements. This issue's regulatory review does not establish a blanket obligation to commission a new trial for every nutraceutical. The management task is to match each claim with appropriate evidence, checking the preparation, dose, intended population and outcome. A collection of ingredient papers does not automatically validate the finished combination.

For Ayurveda, this creates a substantial research and business opportunity. Traditional knowledge can guide the selection of hypotheses worth investigating. Analytical characterisation, reproducible manufacturing, safety assessment and suitable human research can establish which preparations deserve clinical and commercial confidence. Similarities between traditional concepts and modern biology should prompt investigation; they cannot independently establish therapeutic equivalence.

BRICS cooperation gives this work a wider platform. The New Delhi Declaration supports coordinated research on medicinal plants and herbal preparations while retaining national regulatory contexts. Exporters must still understand each destination's requirements and secure capable local partners. A differentiated botanical ingredient supplied to established overseas brands may offer an efficient expansion route, provided the economics cover validation, registration, inventory and distribution.



PRIYANKA SRIVASTAVA
Chairperson, NutrifitToday

I expect the earliest opportunities to emerge around testing, research, formulation and documentation. Recurring export revenue will depend on successful launches and renewed contracts. Companies should distinguish these stages in their forecasts and release investment as milestones are achieved. An announcement, a research partnership and a repeat purchase order represent very different levels of commercial certainty.

India's Nutraceutical Sector Task Force, chaired by the Principal Scientific Adviser, provides a practical institutional foundation through work on classification, standards, export facilitation and incubation. Its contribution should be assessed through fewer operational bottlenecks and stronger commercial capabilities. The approximately \$100 billion scenario discussed in this issue concerns 2047; it should not be presented as an official task-force revenue commitment.

For the next twelve months, I would ask leadership teams to concentrate resources on a small number of clearly defined product and market opportunities. Audit the evidence behind priority claims. Fund research that resolves material uncertainty. Establish market-specific regulatory plans before expanding production. Review progress through repeat purchasing, contribution margins, registration milestones and cash collection. These measures reveal whether an attractive opportunity is becoming a durable business.

Technology should support this discipline. Research platforms and AI can help teams organise evidence, identify gaps and prepare documentation. Their value should be assessed through traceability, expert review and better decisions. Faster analysis is useful only when its conclusions remain defensible.

Consumers ultimately experience a product, its cost and its effect on their lives. Their confidence must remain central to our growth strategy. As Chairperson of Nutrifit Today, I want NutrEcon-omist to encourage ambitious investment grounded in clear assumptions and accountable execution. India's nutraceutical future will be earned through products that justify their promises and businesses that sustain the trust placed in them.

Growth must withstand scrutiny

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BRICS has given traditional medicine a stronger platform. Indian companies will have to turn scientific credibility into repeat orders.

NUTRIFY TODAY ANALYST REPORT

The most valuable ingredient in India's next Ayurveda export may be its dossier. At the BRICS summit in New Delhi, traditional medicine secured a stronger place on the diplomatic agenda. For Indian nutraceutical companies, that creates an opening. Turning it into recurring revenue will require clinical evidence, consistent manufacturing and products that foreign regulators can understand. The companies best prepared for that work could gain considerably. A declaration alone will do little for the rest.

The New Delhi Declaration, adopted on September 12th, welcomed a proposed expert working group on traditional, complementary and integrative medicine. It supported coordinated research on medicinal plants and herbal preparations, while retaining national regulatory requirements. India's Ministry of Ayush says officials had already agreed the proposed group's terms of reference in Chandigarh in July. That gives the initiative more substance than an isolated summit announcement, although implementation remains the next test.

The research agenda is commercially relevant. According to the World Health Organization, the July health ministers' meeting supported studies across countries, clinical validation, toxicity assessment and monitoring adverse effects. Cooperation could help establish which preparations produce reproducible benefits, at what doses and for whom. Those answers are essential when a manufacturer asks a customer to pay more for a particular extract.

Other commitments widen the opportunity. BRICS endorsed a healthy lifestyle mission and a roadmap for 2026–2029, alongside mental wellness networks coordinated by NIMHANS. Health tourism also received support. These initiatives could stimulate research, services and preventive health spending. They do not establish that consumers will buy more supplements, or that governments will purchase them. Nutrition policy can favour better diets and physical activity without creating a market for another capsule.

The scale of existing exports offers useful perspective. An AYUSHEXCIL announcement reproduced by the Bombay Chamber reports that India's AYUSH and herbal exports reached \$688.89 million in 2024–25, up 6.11% from the previous year. This is a worldwide export category, broader than Ayurveda alone and different from the entire nutraceutical industry. It cannot serve as a BRICS supplement sales baseline. It does show a commercial business against which extravagant promises should be measured.

For manufacturers, the central obstacle is the cost of establishing credibility in each destination. A buyer needs to know exactly what an extract contains, whether successive batches are comparable and whether the evidence applies to the product being offered. Documentation assembled for one jurisdiction may require substantial adaptation elsewhere. Research cooperation could reduce some duplicated work. It does not eliminate national approval processes.

South Africa illustrates the distinction. Its regulator, SAHPRA, already recognises Ayurveda among complementary medicine disciplines. Health supplements nevertheless face restrictions on substances, doses and indications. Brazil maintains its own system for checking registered and notified supplements. Diplomatic recognition therefore does not confer permission to sell a specific formulation. Exporters still need to resolve product classification, acceptable claims and the responsibilities of their local partners.

Market selection should therefore precede capacity expansion. A partnership in Brazil might centre on ingredient supply; one in the UAE could combine products with Ayurveda services. China requires a convincing case for differentiation. Russia and Iran demand especially careful assessment of payment arrangements. Treating BRICS as one customer would invite costly mistakes.

This favours a particular business model. An Indian supplier could sell a clinically supported botanical ingredient to several established local brands. Each customer handles its own positioning and distribution, while the supplier earns repeat orders across formulations. Compared with launching a consumer brand in every country, this can reduce the capital tied up in advertising and channel development. It also leaves a substantial share of the final selling price with overseas partners.

That tradeoff deserves attention. Exporting more tonnes of an interchangeable extract may expand sales without improving profitability. A supplier with proprietary evidence, dependable specifications and formulation expertise has a stronger basis for negotiating price and contracts. Differentiated single ingredients are attractive because customers can incorporate them into varied products. Blends can also command value when evidence supports the combination and buyers have a clear reason to choose it.

Ashwagandha, curcumin, bacopa and boswellia are possible candidates for commercial assessment. None receives automatic preference or approval from the BRICS initiative. Companies must evaluate the precise preparation and intended use in each market. Evidence for one extract cannot simply be transferred to another. The same discipline applies to safety, particularly when products target people already taking medicines.

The earliest beneficiaries may include laboratories, clinical researchers and contract manufacturers. Export ambitions generate demand for analytical testing, stability work, dossiers and formulation changes before finished products reach shelves. Digital research platforms could assist with evidence assessment and documentation. Their value will depend on the accuracy and usefulness of their outputs, including the ability to identify weak evidence before it becomes an expensive commercial mistake.

Financing will determine how broadly these opportunities spread. Smaller suppliers may struggle to fund studies whose benefits competitors can partly copy. Shared research programmes could lower that barrier, but participants will need clear agreements about data ownership and commercial use. Stronger quality requirements could also push inadequately documented suppliers out of contention. Cooperation may expand the market while concentrating its rewards.

Payments and transport offer another possible benefit. The declaration supported continued work on payment interoperability and a logistics cooperation framework. Exporters would welcome cheaper settlement and fewer disruptions. Yet local currency invoicing does not remove exchange risk, and payment discussions are not an operational banking facility. Sales forecasts should reflect arrangements that companies can actually use.

How much additional revenue could follow? No verified official forecast isolates the summit's effect on Indian nutraceutical sales. An illustrative calculation helps establish scale without pretending to predict it. Consider a company with 100 crore in annual BRICS sales in 2026. Assume those sales would otherwise grow by 8% annually. They would reach approximately 147 crore in 2031.

Now assume implementation takes two years, after which useful partnerships and successful launches raise annual growth to 12% from 2029. Revenue reaches approximately 164 crore in 2031: an additional 17 crore annually, or 11.5% above the original trajectory. Cumulative additional revenue over the five years is approximately 32 crore. Both growth rates and the implementation delay are assumptions. This is a sensitivity exercise, not an industry forecast.

Profits could tell a less comfortable story. Clinical work, registration, distributor margins and inventory consume cash before repeat orders arrive.

A company can grow exports while earning an inadequate return on the capital required. Management should assess revenue alongside contribution margins, payment collection and the cost of maintaining each market. Counting ordinary market growth as a BRICS dividend would obscure those economics.

A reasonable commercial assessment is that research and technical assignments could emerge within one to three years, with meaningful repeat export gains taking three to five. The likelihood of selective gains is stronger than the case for a rapid industry-wide transformation.

Progress should be judged through funded studies, usable regulatory guidance, successful launches and renewed supply contracts. Broader acceptance of traditional medicine may help; paying customers will decide how much.

India's opportunity is to earn more from the knowledge embodied in its botanicals. That requires investment in evidence and commercial execution. The next important BRICS document for an Ayurveda exporter may be a purchase order.

AYURVEDA & EVIDENCE

ANCIENT PRACTICE, REIMAGINED.

Can Ayurveda meet the standards of modern medicine?

By Ms Tahira Nuruddin and Dr Debjit Ghosh



Bridging the Evidence Gap Between Traditional and Modern Healthcare

There is scepticism that often accompanies discussions of Ayurveda within modern clinical settings. Most physicians acknowledge that a medical system with a history spanning more than 5,000 years could not have endured without delivering meaningful therapeutic value. Instead, the challenge lies in what may be called a “conviction gap.”

In the current era of randomized controlled trials, systematic reviews, and evidence-based medicine, robust scientific validation is essential prior to accepting traditional therapies. Conversely, question arises on why centuries of successful use should require further proof. Bridging this gap requires translating ancient concepts and practices into the research through advance science.

The Body as a Dynamic System

Ayurveda has described the human body as an interconnected network of energy, continuously interacting with both the internal and external environment. Rather than viewing the body as a collection of isolated organs, Ayurveda considers health to emerge from the dynamic balance of physiological, metabolic, and energetic processes.

Modern biology is arriving at remarkably similar concepts through different scientific frameworks. Cellular communication, bioelectrical signalling, metabolic regulation, molecular interactions, and systems biology increasingly portray the body as a highly integrated and dynamic network. The objective is not to suggest that Ayurveda anticipated quantum physics or modern molecular biology, but rather that both paradigms attempt to explain the same biological reality using different languages.

This convergence creates an opportunity to reinterpret traditional concepts through measurable biological mechanisms, making Ayurveda more accessible to clinicians and researchers trained in modern biomedical science.



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Emerging Technologies and Biological Energy

Advances in quantum sensing illustrate how medical science measures biological signals that were previously beyond detection. Quantum sensors offer unprecedented sensitivity for detecting ultra-weak magnetic and bioelectric fields generated by the human body.

For example, quantum magnetocardiography (QMCG) can detect subtle cardiac magnetic signals that may reveal life-threatening cardiac abnormalities significantly earlier than conventional electrocardiography (ECG). Such technologies demonstrate that biological systems generate measurable energetic signatures, encouraging a broader scientific exploration of physiological regulation beyond conventional biochemical markers.

Although these advances do not validate every traditional concept, they expand the scientific toolkit available to investigate complex biological systems with greater precision.

Precision Medicine: Individual Biology Matters

One of the strongest areas of similarity between Ayurveda and contemporary medicine lies in personalized healthcare.

Ayurveda has practiced individualized treatment for millennia through the concept of Prakriti, classifying individuals according to constitutional types Vata, Pitta, and Kapha. Treatment recommendations, dietary advice, lifestyle interventions, and herbal formulations are tailored to each individual's unique physiological constitution rather than applying a universal therapeutic approach.

Precision medicine reaches a similar conclusion through genomics, biomarkers, pharmacogenomics, metabolomics, and stratified clinical trials. The methodologies differ substantially, however, both work on the same principle of systems biology.

Why One Medicine Does Not Work for Everyone

Modern pharmacology provides numerous examples demonstrating that patients respond differently to identical therapies.

Metformin, one of the most widely prescribed medications for type 2 diabetes, primarily acts by inhibiting mitochondrial Complex I in the liver. This increases intracellular AMP levels and activates the AMP-activated protein kinase (AMPK) pathway, leading to improved glucose regulation.

However, therapeutic response varies considerably among individuals. In patients with chronic inflammation or pre-existing activation of the AMPK pathway, metformin may produce reduced clinical benefit. This variability illustrates a fundamental principle shared by both precision medicine and Ayurveda: the same treatment does not produce the same outcome in every individual because biological systems differ.

Understanding these differences represents one of the central goals of next-generation healthcare.

Standardization: Tradition Meets Modern Analytical Science

One of the longstanding criticisms of herbal medicine has been inconsistency in composition and therapeutic outcomes. Modern analytical chemistry enables detailed characterization of herbal preparations, identifying phytochemical constituents, quantifying active markers, and ensuring batch-to-batch consistency.

Classical Ayurvedic literature has always emphasized standardization. Factors such as geographical origin, harvesting season, plant maturity, processing methods, storage conditions, lunar cycles, and the choice of Anupana (delivery vehicle) such as honey, warm water, milk, or ghee were carefully prescribed because they were believed to influence the outcomes.

What may appear today as ritual or tradition can also be understood as an early framework for controlling variables that affect efficacy and reproducibility. Present day formulations and analytical techniques provide the opportunity to investigate and validate many of these principles using objective scientific methods.

Building the Bridge Between Tradition and Evidence

The greatest opportunity for Ayurveda today is not to replace modern medicine, but to complement it through rigorous scientific investigation. Increasingly, healthcare professionals are far more willing to embrace traditional systems when their principles can be explained through established biological mechanisms, analytical chemistry, pharmacology, and clinical evidence.

The future of integrative medicine lies not in choosing between ancient wisdom and modern science, but in combining the strengths of both. The question, therefore, is no longer whether Ayurveda can coexist with modern medicine.

BIG PROMISES. WHAT'S THE PROOF?

India's nutraceutical debate:
existing evidence rules, evolving scrutiny.

Does the evidence match what's in the bottle?



Nutraceuticals: Is India's Evidence-Based Future Already Here?

NUTRIFY TODAY ANALYST REPORT

India's nutraceutical debate turns on a deceptively simple question: when a company sells a health promise, how much proof must accompany it? One argument starts with the consumer: evidence requirements mean little unless somebody tests whether the advertised benefit survives scrutiny. The counterargument starts with implementation: demanding a fresh trial for every supplement is not synonymous with demanding better science.

Between them lies the distinction that matters. Evidence-based nutraceuticals are already contemplated in Indian regulation. A universal requirement for newly commissioned clinical trials is a different proposition.

The accountability argument: the obligation already exists

Consider Regulation 7(5) of FSSAI's Advertising and Claims Regulations, 2018. When a claimed health benefit is attributed directly to a product, it requires statistically significant findings from well-designed human intervention studies, with institutional involvement, Good Clinical Practice principles and peer review or publication.

The central consumer question therefore changes. It is not simply whether India will eventually ask for clinical evidence. It is whether evidence supporting a particular claim actually matches what the customer buys.

FSSAI's 2016 nutraceutical framework also requires documented claim support, comprehensive product information and periodic scientific review. These provisions describe an existing accountability mechanism, not merely an aspiration awaiting a future announcement.

A hypothetical example exposes the difficulty. Suppose a formulation contains several studied ingredients. Does collecting their individual papers establish that the combination delivers its advertised outcome? Not automatically. The regulatory framework itself requires a scientific and technical rationale for combining ingredients.

The implementation argument: evidence is not one universal trial

The counterargument does not have to reject consumer protection. It can question whether every evidence gap requires the same response.

FSSAI's nutraceutical provisions recognise scientific literature, human data, epidemiological findings and other documented evidence. They do not reduce substantiation to a newly sponsored trial for every product. Different claims create different evidentiary questions.

Consider two hypothetical cases: a familiar nutrient presented with an established function claim, and a new combination promising a specific measurable improvement. Their supporting dossiers cannot simply be assumed interchangeable. Equally, neither case can be judged solely by whether the manufacturer commissioned a study.

This distinction has economic consequences. Repeating research without resolving a genuine uncertainty could consume resources without adding useful knowledge. Conversely, treating loosely related ingredient research as proof of a finished formulation could leave the central commercial promise untested. These are competing risks, not a choice between science and commerce.

What has actually changed?

The recent record supports greater scrutiny, but its scope matters. On 31 December 2025, The Times of India reported that FSSAI was introducing a standardised, evidence-supported format for submissions seeking scientific risk assessment, effective January 2026. Crucially, the report clarified that this did not automatically reopen assessment of every food already marketed.

That development concerns the information required for safety assessment. It cannot, by itself, establish a universal efficacy-trial obligation. Proving that an ingredient is acceptably safe and proving that a formulation produces an advertised benefit are separate questions.

On 21 June 2026, the same newspaper reported notices concerning claims on nutraceutical, whey-protein and herbal products. Former FSSAI chief Pawan Kumar Agarwal described stronger enforcement of existing regulations, while cautioning that notices begin verification and do not establish wrongdoing.

That is evidence of scrutiny. It is not evidence that every manufacturer has received a new clinical-trial deadline.

ICMR adds scientific depth, not proof of a blanket mandate

ICMR's contribution also requires precision. Its joint 2011 probiotic guidelines with the Department of Biotechnology address strain-specific effects, human efficacy studies and evaluation in Indian subjects when considering overseas evidence.

This demonstrates longstanding attention to clinical substantiation in a defined category. It does not establish a newly announced, industry-wide trial requirement. Nor can guidance for conducting or evaluating research automatically be treated as a universal condition for selling every nutraceutical.

Reality, distant dream—or the wrong binary?

As of 19 September 2026, the material reviewed for this article does not establish a notified blanket requirement, implementation deadline or uniform clinical-trial protocol covering every nutraceutical formulation.

One plausible scenario is more demanding enforcement of existing claim-specific obligations. Under that scenario, some businesses could need additional human research; others could need better evidence matching, narrower claims or clearer documentation. That is an analytical possibility, not an announced government programme.

The unresolved issue is implementation. How consistently are dossiers examined? What evidence deficiencies lead to revised claims? When is additional research required? Published decisions answering those questions would reveal more than announcements about an evidence-based future.

For consumers and businesses alike, counting clinical trials alone cannot settle the debate. The relevant test is whether the evidence justifies the precise promise. Neither an impressive bibliography nor a trial's existence answers that alone.

An evidence-based framework is no distant dream. It exists. A universal new-trial mandate remains unverified; consistent application of existing requirements remains the question documents cannot settle.

\$500 BILLION. WHAT ARE WE COUNTING?

India's nutraceutical opportunity—and why market definitions change the forecast.

\$100 billion by 2047?

A planning scenario from a \$10 billion base.

Nutrify Today Analyst Team



India's nutraceutical opportunity is substantial. The forecast depends on what the industry counts and how consistently consumers keep buying.

NUTRIFY TODAY ANALYST REPORT

India's nutraceutical industry could become a much larger business by 2047. Using the news article's \$10 billion starting point, an \$80 billion–\$120 billion market is a more defensible planning range than \$500 billion. Approximately \$100 billion provides a working midpoint and connects to India's effort to build a globally competitive nutraceutical industry.

ETHealthworld's July 4, 2026 report attributes the \$500 billion possibility to FSSAI regional director Pritee Chaudhary. It links expansion to preventive healthcare and wider adoption beyond metropolitan cities. The report does not publish a forecasting model, category definitions or a bridge between today's sales and the 2047 target. A senior regulator's assessment signals institutional interest; it does not, by itself, establish a validated market forecast.[1]

The arithmetic is demanding. Growing from \$10 billion in 2026 to \$500 billion in 2047 requires compound annual growth of 20.48% for 21 years. That means maintaining exceptional expansion as the market becomes progressively larger. From an eventual \$400 billion base, one year at that rate would require roughly \$82 billion of additional annual sales.

Currency raises the hurdle. The headline is denominated in dollars. If the rupee price of a dollar increased by an assumed 3% annually, achieving 20.48% dollar growth would require approximately 24.09% annual growth in rupee revenue. Domestic inflation can increase reported sales, but exchange movements can offset part of that increase.

Published research offers a more restrained reference point. IMARC estimates India's market at \$9.92 billion in 2026, reaching \$23.09 billion in 2034, with 11.14% annual growth. Applying that rate mechanically to the article's \$10 billion baseline through 2047 produces approximately \$92 billion. That extension is my calculation, not IMARC's forecast, and assumes growth persists beyond its published horizon.[2]

This supports considering \$80 billion–\$120 billion as a planning range under the article's starting scale. It requires approximately 10.4%–12.6% annual dollar growth. Even an aggressive 15% rate produces about \$188 billion. These scenarios remain substantial expansions; they should not be interpreted as measured probabilities or promises. All scenarios use nominal US dollars.

The biggest analytical complication is the denominator. Grand View Research estimates a much larger \$38.77 billion Indian nutraceutical market in 2025, with functional foods and beverages accounting for 76.4%. Its published forecast reaches \$84.99 billion in 2033 at 10.3% annual growth. The disagreement with other estimates warrants reconciliation of product coverage, sales valuation and methodology before forecasts are compared.[3]

Using Grand View's larger base, continuing 10.3% growth through 2047 produces approximately \$335 billion. Reaching \$500 billion would require about 12.3% annually over 22 years. Both are my extrapolations. The headline becomes more plausible under this broader starting scale, but changing the denominator does not validate the original claim that a \$10 billion market will expand fiftyfold.

For management, the practical distinction is straightforward. Under the article's starting scale, plan around \$100 billion. For a separately defined market that includes extensive functional food and beverage categories, a \$300 billion-\$400 billion scenario is conceivable at approximately 10%-11% annual growth. Neither estimate should combine ingredient sales with the full retail value of products containing those ingredients, or add exports to domestic consumption without explicitly changing the measurement.

Scenario	Starting market	Annual USD growth	2047 sales
Article-base planning	\$10bn in 2026	10.4–12.6%	\$80–120bn
Article-base acceleration	\$10bn in 2026	15%	\$188bn
Headline requirement	\$10bn in 2026	20.48%	\$500bn
Broader-market illustration	\$38.77bn in 2025	10.3%	\$335bn

Illustrative calculations in nominal US dollars. Starting definitions differ; these are scenarios, not probability forecasts.

Demand must also survive a household budget test. Assume, illustratively, 500 million regular buyers in 2047. A \$100 billion domestic market requires average annual spending of \$200 per buyer, or roughly \$17 monthly. A \$500 billion market requires \$1,000 annually, or \$83 monthly. These are future nominal dollars. The buyer count is an assumption, but the exercise exposes how much purchasing power and sustained adoption each scenario requires.

The \$100 billion scenario connects to a concrete national effort. CSIR constituted the Nutraceutical Sector Task Force in November 2021 under the chairmanship of the Principal Scientific Adviser to the Government of India. The government's November 2024 account describes work on trade classification, international standards, export facilitation and incubation infrastructure, including a dedicated nutraceutical panel under SHEFEXIL.[4]

Its commercial significance is practical. Clearer classifications can reduce trade friction; stronger testing and formulation capabilities can help turn Indian botanicals into products accepted internationally. Progress should be measured through validated ingredients, successful registrations, manufacturing investment and repeat orders.

The timelines must remain explicit. Industry commentary in 2022 connected the task force with a \$100 billion ambition for 2030. This article's approximately \$100 billion scenario concerns 2047. The government release confirms the task force's agenda without specifying that numerical target. Its work strengthens the route to scale; it does not guarantee a revenue outcome.[5]

The comparison with pharmaceuticals also needs correction. The article references a roughly \$50 billion pharmaceutical market when discussing nutraceuticals becoming ten times larger. Comparing a 2047 nutraceutical number with today's pharmaceutical sales freezes the competing industry in time. At an illustrative 8% annual growth, \$50 billion becomes approximately \$252 billion over 21 years. Any future comparison requires forecasts for both sectors.[1]

The useful monitoring points arrive well before 2047. A smooth path from \$10 billion to \$500 billion implies approximately \$21 billion in 2030, \$53 billion in 2035 and \$136 billion in 2040. Those milestones must be measured under unchanged category definitions. Executives should also track repeat purchasing, realized prices, evidence supporting claims and profitability after distribution and customer acquisition costs.

My assessment remains low likelihood for \$500 billion from the article's \$10 billion base. A \$100 billion planning scenario by 2047 is more defensible. The PSA-chaired task force provides a practical institutional foundation: its contribution should be judged by commercial outcomes, with domestic consumption and export revenues measured separately.

Sources and calculation basis

[1] ETHealthworld | The 500 billion dollar claim

[2] IMARC | India nutraceuticals market 2026–2034

[3] Grand View Research | India nutraceuticals market 2026–2033

[4] Office of PSA via PIB | Nutraceutical task force initiatives | 7 November 2024

[5] Pharma Industrial India | Amit Srivastava on the 2030 ambition | 6 February 2022

Calculations use starting revenue multiplied by the annual growth factor for 21 years from 2026, or 22 years from 2025. Published research horizons end in 2033 or 2034; all extensions to 2047 and likelihood assessments are the analysis presented here. Rounded scenario endpoints are not statistical confidence intervals.

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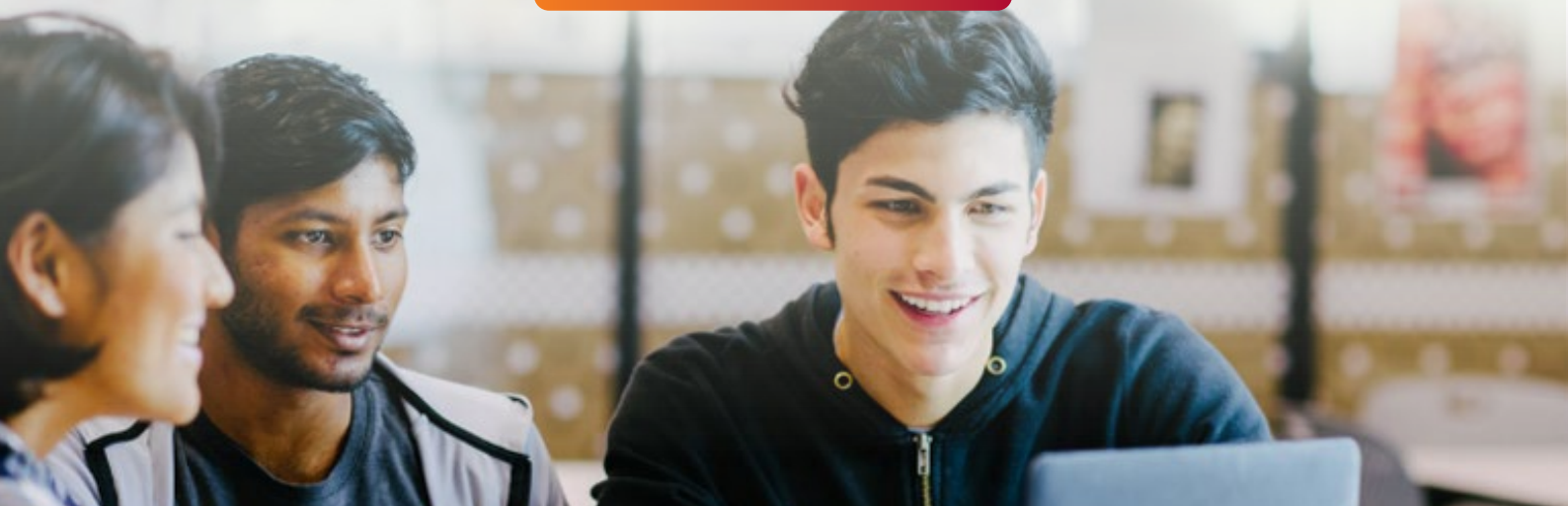
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